

PTO/SB/01 (08-02)  
 Approved for use through 07/31/2006. OMB 0551-0032  
 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> <b>(37 CFR 1.63)</b>		Attorney Docket Number	LMND.P082X
		First Named Inventor	Matthew R. Salmon
		COMPLETE IF KNOWN	
		Application Number	10/823,416
<input type="checkbox"/> Declaration Submitted With Initial Filing		OR	<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
		Filing Date	April 12, 2004
		Art Unit	3763
		Examiner Name	To be assigned

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**Catheter Systems For Crossing Total Occlusions In Vasculature**

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) April 12, 2004 as United States Application Number or PCT International

Application Number 10/823,416 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.66, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

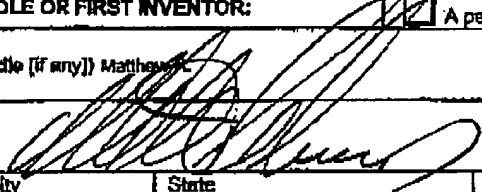
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PTO/SR01 (08-03)

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input type="checkbox"/> Customer Number: <input type="text"/> OR <input checked="" type="checkbox"/> Correspondence address below			
Name Shenwell Gregory & Courtney LLP			
Address 4880 Stevens Creek Boulevard, Suite 201			
City San Jose	State California	ZIP 95129	
Country USA	Telephone (408) 236-6641	Fax (408) 236-6641	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR: <input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) Matthew		Family Name or Surname Selmon	
Inventor's Signature 			Date 4/19/05
Residence: City Redwood City	State California	Country USA	Citizenship USA
Mailing Address 400 Chesapeake Drive			
City Redwood City	State California	ZIP 94063	Country USA
NAME OF SECOND INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) Kurt		Family Name or Surname Sparks	
Inventor's Signature			Date
Residence: City Redwood City	State California	Country USA	Citizenship USA
Mailing Address			
City Redwood City	State California	ZIP 94063	Country USA
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the TWO supplemental sheet(s) PTO/SR02A or 02LR attached hereto.			

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PTO/SR/02A (09-03)  
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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet	
		Page <u>3</u> of <u>4</u>	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Pay		Details	
Inventor's Signature		Date	
Residence: City	Redwood City	California State	USA Country
400 Chesapeake Drive			
Mailing Address			
Mailing Address			
City	Redwood City	California State	94063 Zip
		USA	Citizenship
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Ben		Clark	
Inventor's Signature		Date	
Residence: City	Redwood City	California State	USA Country
400 Chesapeake Drive			
Mailing Address			
Mailing Address			
City	Redwood City	California State	94063 Zip
		USA	Citizenship
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Jason		Kakar	
Inventor's Signature		Date	
Residence: City	Redwood City	California State	USA Country
400 Chesapeake Drive			
Mailing Address			
Mailing Address			
City	Redwood City	California State	94063 Zip
		USA	Citizenship

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PTO/SB/024 (08-03)

Approved for use through 05/31/2003. OMB 0351-0032  
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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Rob		Deelman	
Inventor's Signature		Date	
Residence: City	Redwood City	California State	USA Country
400 Chesapeake Drive			
Mailing Address			
Mailing Address			
City	Redwood City	California State	94063 Zip
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Erik		Thal	
Inventor's Signature		Date	
Residence: City	Redwood City	California State	USA Country
400 Chesapeake Drive			
Mailing Address			
Mailing Address			
City	Redwood City	California State	94063 Zip
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
Citizenship			
Mailing Address			
Mailing Address			
City		State	Zip
		Country	

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If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.